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MARSHALL, GERSTEIN & BORUN LLP OIPE					I hamabu aantifu the	Certific	ate of Mailing or Tran	smission	
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SEARS TOWER		/ u	II A 0 2000	13	transmitted to the I	USPTO ((571) 273-2885, on the	date indicated below.	
CHICAGO, IL 60606 1/05/2006 FFANAEI1 00000013 10771974			JL 0 3 2006		Andrew M. Lawrence (Depositor's name)				
	4400 AA 00	(F)	.0	\$/	Leudy	<u>س</u>	mjame	(Signature)	
FC:1501 FC:1504	1400.00 DP 300.00 DP		FIRST NAMED	/ 	June .	29,	2006	(Date)	
FC:8001 APPLICATION NO.	FILING DATE	FIRST NAMED INV		INVEN	NTOR		TORNEY DOCKET NO.	CONFIRMATION NO.	
10/771,974			Wing Sum Vincent K		wan		29617/CL001A	3853	
TITLE OF INVENTION: M	ULTI-COLOR WRITING	INKS							
APPLN. TYPE	SMALL ENTITY	ISSUE F	UE FEE		IBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400			\$300		\$1700	07/03/2006	
EXAM	EXAMINER		VIT .	CI	ASS-SUBCLASS				
FAISON, VERONICA F			55		106-031270				
1. Change of correspondence CFR 1.363).	e address or indication of "Fe	ee Address" (37		_	he patent front pag		_{omevs} Marsha	11	
Change of correspond Address form PTO/SB/12	or agents OR, alternatively,								
□ "Fee Address" indication (or "Fee Address" Indication form				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to					
PTO/SB/47; Rev 03-02 of Number is required.	2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT	(print c	r type)				
					• • •	ssignee is	identified below, the o	document has been filed for	
(A) NAME OF ASSIGN	EE		(B) RESIDEN	NCE: (C	CITY and STATE C	OR COU	NTRY)		
Sanford, L.P. Freeport, Illinois									
Please check the appropriate	assignee category or catego	ries (will not be pr	rinted on the pa	tent) :	☐ Individual X	Corpor	ation or other private gr	oup entity Government	
4a. The following fee(s) are	enclosed:	46	b. Payment of F	• ,					
Issue Fee			A check in the amount of the fee(s) is enclosed.						
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Advance Order - # of	The Direct Deposit Ac	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-2855 (enclose an extra copy of this form).							
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	MALL ENTITY status. See				<u> </u>		NTITY status. Sec 37 C		
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Authorized Signature	Indrew M	Jane	· ·		Date	5000	29, 20	%	
Typed or printed name _	Andrew M. Law	vrence	·		Registration	on No	46,130		
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